

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NJ	71530	08-5-99
O.I.P.E. CLASSIFIER	48		
FORMALTY REVIEW	J.S.	69134	8-17-99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5/1/99
2	5/1/99
3	5/1/99
4	5/1/99
5	5/1/99
6	5/1/99
7	5/1/99
8	5/1/99
9	5/1/99
10	5/1/99
11	5/1/99
12	5/1/99
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44	5/1/99
45	5/1/99
46	5/1/99
47	5/1/99
48	5/1/99
49	5/1/99
50	5/1/99

Claim	Date
Final	
Original	
51	5/1/99
52	5/1/99
53	5/1/99
54	5/1/99
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92	5/1/99
93	5/1/99
94	5/1/99
95	5/1/99
96	5/1/99
97	5/1/99
98	5/1/99
99	5/1/99
100	5/1/99

Claim	Date
Final	
Original	
101	5/1/99
102	5/1/99
103	5/1/99
104	5/1/99
105	5/1/99
106	5/1/99
107	5/1/99
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146	5/1/99
147	5/1/99
148	5/1/99
149	5/1/99
150	5/1/99

If more than 150 claims or 10 actions  
 staple additional sheet here